IPDR6702	08/01/2005		TDDO	NORTH CAROLINA CHECKWRITE SUMMARY REPORT		PAGE	: 1	
KUN DATE:	08/01/2005			CHECKWRITE SUMMARY REPORT ECKWRITE DATE: 08/02/2005				+
				FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	0	0	*** NO DATA TO REPORT ***				
	H/DD/SAS							-
		0	0		0	0		0
								ļ
3404904	WESTERN HIGHLAN	11	773	CLIENT NOT ELIGIBLE ON SERVICE				-
	DS LME			DATE				
		8599	245	DETAIL NOT COVERED BY COMBINAT	12	1254	8509	7255
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	130	DUPLICATE OF CLAIM-SYSTEM				-
3404910		8599	164	DETAIL MOT COVERED BY COMPINED				<u> </u>
	PATHWAYS			DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		5209	0.2	DRIAD AUTUADIZED UNITE DVARDE				L
	+	5308	93	PRIOR AUTHORIZED UNITS EXCEEDE D	20	507	6538	6029
	1		<u> </u>					
		8621	49	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				-
3404912	CATAWBA COUNTYM	5308	24	PRIOR AUTHORIZED UNITS EXCEEDE				
	ENTAL HEALT			D				
								-
		191	14	CLIENT ID NUMBER DOES NOT MATC	0	53	309	256
				H PATIENT NAME				
								-
		11	12	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404913	MECKLENBURG COM	21	3181	DUPLICATE OF CLAIM-SYSTEM				-
	ENTAL HEALT							
		8599	1328	DETAIL NOT COVERED BY COMBINAT	1138	7331	15159	7828
				ION OF RECIPIENT, PROVIDER AND	1130	7331	13139	7020
				BENEFIT PACKAGE.				
		11	803	CLIENT NOT ELIGIBLE ON SERVICE				
		11	003	DATE				-
2404017		0	0	*** NO DATA TO REDOR ***				1
3404916	CROSSROADS BEHA VIORAL HEAL	v ·	·	*** NO DATA TO REPORT ***				
	**************************************		<u> </u>					
<u> </u>	1	U	U		0	0	0	0
		1						<u> </u>
3404917	CENTERPOINT HUM	11	119	CLIENT NOT ELIGIBLE ON SERVICE				
	AN SERVICES		L	DATE				<u> </u>
	1	<u> </u>	-					-
	1	8599	109	DETAIL NOT COVERED BY COMBINAT	15	258	1361	1103
				ION OF RECIPIENT, PROVIDER AND				
	1			BENEFIT PACKAGE.				
		8329	15	CLAIM DENIED ATTENDING PROVIDE				<u> </u>
				R CANNOT BE THE SAME AS				
	1			THE LMA				<u> </u>
3404919	GUILFORD CO MEN	8599	129	DETAIL NOT COVERED BY COMBINAT				1
	GUILFORD CO MEN TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND				†
				BENEFIT PACKAGE.				
	1	5308	50	PRIOR AUTHORIZED UNITS EXCEEDE				
	1			D D	43	307	4200	3893
	1							<u> </u>
		8931	34	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				-
	1							

	1			T	1			
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404920	ALAMANCE CASWEL	0	0	*** NO DATA TO REPORT ***				
	L AREA MH D							
		0	0					
		U	0		0	0	0	
3404921	ORANGE PERSON C	5308	408	PRIOR AUTHORIZED UNITS EXCEEDE				
	HATHAM AREA			D				
		8599	71	DETAIL NOT COVERED BY COMBINAT	9	652	2065	141
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		167	40	NO CHARGE BILLED. ENTER BILLED				
		107		AMOUNT AND SUBMIT DETAIL AS				
				A NEW CLAIM				
3404922	THE DURHAM CENT	8599	547	DETAIL NOT COVERED BY COMBINAT				
	ER			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		0505						
		8505	110	CLAIM DENIED DUE TO INSUFFICIE	0	850	6609	575
				NT BUDGET				
	1		1			-		-
		8329	68	CLAIM DENIED ATTENDING PROVIDE		 		-
	+		F .	R CANNOT BE THE SAME AS		+	1	
				THE LMA				
3404923	FIVE COUNTY MH	11	322	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
		120	49	CLIENT ID NUMBER MISSING OR IN	0	483	2009	152
				VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
				AS A NEW CLAIM				
		5308	30	PRIOR AUTHORIZED UNITS EXCEEDE				
		3300	50	D				
3404925	SANDHILLS CENTE	8599	348	DETAIL NOT COVERED BY COMBINAT				
	R FOR MH/DD			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	126	CLIENT NOT ELIGIBLE ON SERVICE	140	850	6835	598
				DATE				
	+	8931	114	AMTNC INELIGIBLE TO RECEIVE SE		+	1	
			1	RVICES IN IPRS.				-
	1							
3404926	SOUTHEASTERN RE	0	0	*** NO DATA TO REPORT ***				
	G MENTAL HL							
		U	U		0	0	0	
	1	1	1			1		
3404927	COMPANY	8599	206	DETAIL NOT COVERED BY COMBINAT		 		-
	CUMBERLAND CO M HC		+	ION OF RECIPIENT, PROVIDER AND		+	1	
	1440			BENEFIT PACKAGE.				-
								
								-
		10	52	DIAGNOSIS OR SERVICE INVALID F	13	410	3851	344
		10	52	OR CLIENT AGE. VERIFY CID,	13	410	3851	344
		10	52		13	410	3851	344
			52	OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	13	410	3851	344
		10	52	OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR 60 RESIDENTIAL LEVEL II TREATM	13	410	3851	344
			37	OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED	13	410	3851	344
			52 37	OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR 60 RESIDENTIAL LEVEL II TREATM	13	410	3851	344
3404020		8622	37	OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	13	410	3851	344
3404930	JOHNSTON COUNTY		37	OR CLIERT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. DETAIL NOT COVERED BY COMBINAT	13	410	3851	344
3404930	JOHNSTON COUNTY	8622	37	OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	13	410	3851	344
3404930		8622	37	OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	13	410	3851	344
3404930		8622	37	OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
3404930		8622	37	OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	13		3851	

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404931		8599	123	DETEXT NOT COVERED BY COMPTNET				
2404321	WAKE CO HUM SVC BILLING OF	0399	123	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				-
	DIBBING OF			BENEFIT PACKAGE.				
		191	59	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	13	286	6713	6427
				n FAILNI NAME				
		21	40	DUPLICATE OF CLAIM-SYSTEM				
								-
								
3404932	RANDOLPH/SANDHI	0	0	*** NO DATA TO REPORT ***				
	LLS CO MH C							
								
		0	0		0	0	0	0
2101000		2522						
3404933	SOUTHEASTERN CT	8599	8	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				-
	R FOR MH/DD			BENEFIT PACKAGE.				
		8931	5	AMTNC INELIGIBLE TO RECEIVE SE	5	18	894	876
				RVICES IN IPRS.				
		191	4	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404934	ONSION CARTERET	11	13	CLIENT NOT ELIGIBLE ON SERVICE				-
	ONSLOW CARTERET BEHAV HEAL			DATE				
		0	0					
 		-	~		0	13	19	6
	1							
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
								—
		0	0		0	0	0	0
3404936	WILSON-GREENE M	8932	11	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
	ENTAL HEALT			RVICES IN IPRS.				
		8931	10	AMTNC INELIGIBLE TO RECEIVE SE	22	35	253	218
				RVICES IN IPRS.				
-								-
		21	8	DUPLICATE OF CLAIM-SYSTEM				
3404937		21	142	DUPLICATE OF CLAIM-SYSTEM				
3404937	EDGECOMBE NASH MNTL HLTH C	21	142	DOPLICATE OF CLAIM-SISTEM				-
		5404	5	SEVERE DUPLICATE: SAME ATTO PR	1	154	1093	939
	1			OV/PCODE/TOS/DOS/MOD				
	1							
		191	3	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME			_	
	1							
3404939	NEUSE MENTAL HE	5308	168	PRIOR AUTHORIZED UNITS EXCEEDE				
	ALTH CENTER			D				
	1	21	166	DUPLICATE OF CLAIM-SYSTEM				
	1	**	200	DOLLIGHTS OF CHAIN-SIGIAM	1	533	1535	1002
	1							
		5404	86	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
	1			OV/ FCODE/ 105/ DUS/ MUD				
3404941	PITT CO MH/DD/S	8599	437	DETAIL NOT COVERED BY COMBINAT				
	AS CENTER			ION OF RECIPIENT, PROVIDER AND				
 				BENEFIT PACKAGE.				
	1	11	146	CLIENT NOT ELIGIBLE ON SERVICE	46	1086	4036	2950
	1			DATE	46	1086	4036	2930
		04	110	NUMBER OF GUARAN OVEREST				
 		21	119	DUPLICATE OF CLAIM-SYSTEM				
 	 							
	1							
				•				

	1	Т		1		1	moma r	mom: -
PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	!	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NORDEN	PROVIDER NAME	2023	DENTALS	DESCRIFIION	DENIALS	DENIALS	FINALIZED	PAID
3404942	!	8599	23	DETAIL NOT COVERED BY COMBINAT				
3404342	ROANOKE CHOWANH			ION OF RECIPIENT, PROVIDER AND				
	UMAN SERVIC			BENEFIT PACKAGE.				
	ļ			BENEFII FACANGE.				
		8931	13	AMTNC INELIGIBLE TO RECEIVE SE				
	ļ	0931	17	RVICES IN IPRS.	14	45	1340	1295
				RVICES IN IFRS.				
	ļ							
		11		CLIENT NOT ELIGIBLE ON SERVICE				
		11	q	DATE				
			ļ	DATE				
3404943	ALBEMARLE MENTA	5404	46	SEVERE DUPLICATE: SAME ATTD PR				
	L HEALTH CE			OV/PCODE/TOS/DOS/MOD				
		8931	28	AMTNC INELIGIBLE TO RECEIVE SE	44	141	1394	1253
				RVICES IN IPRS.				
		21	27	DUPLICATE OF CLAIM-SYSTEM				
3404944	EASTPOINTE HUMA	8622	29	60 RESIDENTIAL LEVEL II TREATM				
	N SERVICES			ENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
			†					
		5308	26	PRIOR AUTHORIZED UNITS EXCEEDE	9	77	1921	1844
				D	,		1,721	1044
		-	†					
l		-						
l		8931	7	AMTNC INELIGIBLE TO RECEIVE SE				
			∤ ′	RVICES IN IPRS.				
				AVIOLO IN IIIV.				
2404046		0.4	0.07	DUDI TOAMD OF GUATN OVOMBN				
3404946	FOOTHILLS AREAM	21	807	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT		<u> </u>					
		8599	43	DETAIL NOT COVERED BY COMBINAT	0	858	1899	1041
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		5404	5	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404957	TIDELAND MENTAL	8599	22	DETAIL NOT COVERED BY COMBINAT				
	HEALTH CTR			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	18	CLIENT NOT ELIGIBLE ON SERVICE	18	81	554	473
		1		DATE				
		1						
		1				İ		
	1	21	14	DUPLICATE OF CLAIM-SYSTEM				
	1	1	1					
		+	1					
		+						
3404979	NEW RIVER AREAM	11	74	CLIENT NOT ELIGIBLE ON SERVICE				
		+	 	DATE				
	H/DD/SA PRO	-	 					
		-	 					
		1	1	1	1	1	I	
		8500	1	DETAIL NOT COVERED BY COMPINED				
		8599	1	DETAIL NOT COVERED BY COMBINAT	0	75	7013	6938
		8599	1	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	75	7013	6938